## Office of Privacy Protection

## **Identity Theft Complaint**

Safeguarding Information for Your Future

Wis. Stats. §§ 93.06, 100.20

1. How do we contact you?				
Name: (Mr. Mrs. Miss Ms.)	(first)	(middle)	(last)	
,		, ,	, ,	
Home Phone: ( )	Work Phone: ( )	ext	or ( )	_ ext
Phone me between 8:00 A.M. and	1:00 P.M. at: (circle one) H	ome Work Bes	st time:	
Address:		PO Box:	Apt.#	
City:	State:	Zip:	County:	
E-mail Address:			(i.e., anyone 🤇	@myisp.com)
Social Security Number:	(optional) Date of	Birth:	(MM/DD/YYYY) Age	:
Information about your comp	olaint.			
2. ID Theft occurs when someone check the types of ID theft you we			ation for their persona	al gain. Please
<ul><li>Credit Cards or Debit Card</li><li>Checking or Savings Acco</li><li>Loans</li><li>Phone or Utilities</li></ul>	unts Inter	urities or Other Inves rnet or E-mail ernment Documents er (please specify)		
3. Did suspect use the Internet to	open the account or purcha	ase the goods or serv	rices: (circle one) No	Yes Unknowr
4. Were your accounts taken over	to fraudulently obtain good	ds or services: (circle o	one) No Yes Unkr	nown
5. Was your personal information	used to obtain new accoun	ts or services in you	name: (circle one) No	Yes Unknow
Details of the Identity Theft.				
6. When did you notice that you r	night be a victim of identity	theft?	(MM/DD/YY)	
7. When did identity theft first occ	cur? (i.e., when was first account o	opened?)	(MM/DD/YY)	
8. How many accounts were oper (credit cards, loans, bank accounts, cellula				
9. How much money, if any have	you had to pay as a result o	f the theft?		
10. How much money, if any, did the	ne identity thief obtain from	companies in your n	ame?	
11. What other problems, if any, ha	ave you experienced as a res	sult of the identity the	eft? (check all that apply)	
No other harm suffered Civil suit filed or Judgment Criminal investigation, Arro Denied credit or other final Denied employment or lose Harassed by debt collector Other (describe in comment Time lost to resolve proble Reputation harm	est or Conviction ncial services s of job r or creditor	ments below)		

12. The Identity Thief. Please provide any information you m phone numbers the identity thief may		identity thief, includi	ing his or her name,	and any add	esses or	
Name: (Mr. Mrs. Miss Ms.)	(6" 1)		-1	(11)		
(circle one)	(first)	(middl	•	(last)		
Phone Number: ( )		(circle type, if known)	Home Work	c Cell		
Address:		PO Box: _	A	pt.#		
City:	State:	Zip:	County: _			
E-mail Address:	R	elationship to the ide	entity thief:			
13. Contacts.  Please indicate which of the following steps, if any, you have already taken to deal with the identity theft.  For which of the following credit bureaus, have you: (check all that apply)						
	Equif	ax Experian	Trans Union	Other	None	
Called to report the fraud?	•	•				
Put a "fraud alert" or "freeze" on you Ordered your credit report?	r report?					
Problem with Credit Bureau?						
Have you contacted the police? (circle If yes, please provide the following inf Police department name:	ormation:	Date:	_ (MM/DD/YYYY) Time			
Address:						
City:	State:	Zip:	County: _			
Phone Number: ( )		Police Rep	oort Number: (if known)	)		
14. Problems with Companies Do you have any problems with the co- identity theft problems? If so, identify telephone number, if you have it, and of the three credit bureaus in the section  COMPANY 1	each company, cr tell us briefly what on above, please i	edit bureau, or orgai the problem is. <u>NO</u> nclude those credit b	nization, provide its I <u>FE</u> : if you checked th bureaus here.	ocation and/	or	
Name of company: Address:				Apt.#		
			County: _			
City:	ne of person u talked to:					
Did you contact the business about your complaint?	Yes No	When?	<b>w</b>	/hat happene	ed?	
Have you sent written notifications to this company?	Yes No	What happened	?			

Have you sent written notifications Yes What happened? to this company? No						ny:	<u>COMPANY 2</u> Name of company:_
Name of person you talked to:		Apt.#	PO Box:				Address:
Phone: ( ) you talked to:		County:	lip:		State:		City:
bout your complaint?    lave you sent written notifications			Title:_				hone: ( )
OMPANY 3 ame of company:  ddress:	ppened?	What happe	en?				-
ame of company:  ddress:			at happened?				
Name of person you talked to:						ny:	
Name of person you talked to:  Ititle:  Id you contact the business bout your complaint?  No  ave you sent written notifications of this company?  OMPANY 4 ame of company:  Iddress:  No  State:  State:  State:  Ity:  Name of person you talked to:  Name of person you talked to:  Name of person you talked to:  Ititle:  What happened?  Apt.#  County:  Name of person you talked to:  Ititle:  Id you contact the business you talked to:  Ititle:  What happened?  What happened?  What happened?  What happened?  What happened?  Ititle:  Id you contact the business you sent written notifications Yes What happened?  Ititle:  Id you complaint?  No  What happened?  Ititle:  Id you contact the business Yes What happened?  Ititle:  Id you contact the business Yes What happened?  Ititle:  Iti		Apt.#	PO Box:				ddress:
Name of person you talked to:  Ititle:  Itid you contact the business bout your complaint?  Ititle:  Itid you contact the business bout your complaint?  Ititle:  Iti		County:	ip:		State:		ity:
bout your complaint? No		_			of person	Name	
OMPANY 4 Tame of company:    DOMPANY 4	ppened?	What happe	en?				
ame of company:			• •				
Name of person you talked to: Title: What happened? It is company? No What happened?  State: Zip: County: Whone: ( ) Yes When? What happened?  State: Zip: County:							lame of company:_
Name of person you talked to: Title: bid you contact the business Yes When? What ha bout your complaint? No lave you sent written notifications Yes What happened? be this company? No  5. Describe your complaint in detail. lease give us information about the identity theft, including, but not limited to, how the theft occurred, esponsible for the theft, and what actions you have taken since the theft. Please include a list of comp		Apt.#	PO Box:				.ddress:
hone: ( ) you talked to: Title: when? When? What hat bout your complaint?		_ County:	ip:				ity:
ave you sent written notifications of this company?  The second your complaint in detail.  It is give us information about the identity theft, including, but not limited to, how the theft occurred, esponsible for the theft, and what actions you have taken since the theft. Please include a list of complaint in detail.			Title:_				hone: ( )
5. Describe your complaint in detail.  lease give us information about the identity theft, including, but not limited to, how the theft occurred, esponsible for the theft, and what actions you have taken since the theft. Please include a list of comp	ppened?	What happe	en?				
lease give us information about the identity theft, including, but not limited to, how the theft occurred, esponsible for the theft, and what actions you have taken since the theft. Please include a list of comp			at happened?				
raudulent accounts were established or your current accounts were affected. Please attach additional leeded.	anies wh	clude a list of companie	the theft. Please incl	ken sir	entity theft, in ons you have t	nformation about the id the theft, and what action	Please give us inforr esponsible for the the raudulent accounts

Your signature:	Date:
The above information is true and accurate to the best of my k	
This complaint and the information you provide will be used in to resolve any problems you may have resulting from identity other entities or governmental agencies as needed for these p complaint will be available for public review upon request, after will maintain the confidentiality of your personally identifiable	theft. The information you provide may be shared with urposes. Under Wisconsin's Open Records Law, this er this department's action is completed. The department information to the fullest extent permitted by law.

Return this form and two copies of any documentation that supports your complaint to our office located at:



WI Office of Privacy Protection
WI Department of Agriculture, Trade & Consumer Protection
2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911
(800) 422-7128 / FAX: (608) 224-4939

E-mail: WisconsinPrivacy@datcp.state.wi.us
Website: www.privacy.wi.us